

assistance may be obtained from Drs. Michael Colligan and Ray Sinclair (at the same address), telephone (513) 533-8225.

Please refer to Announcement 555 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the Introduction Section through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

A copy of Participatory Ergonomics Interventions in Meatpacking Plants, (DHHS/NIOSH) Publication No. 94-124, referenced in the Purpose Section, can be obtained from the Publication Dissemination office of CDC/NIOSH, Cincinnati, OH 45226, telephone (513) 533-8573.

Dated: May 23, 1995.

**Diane D. Porter,**

*Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).*

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#### [Announcement 556]

### **Work Organization Interventions to Prevent Work-Related Musculoskeletal Disorders in Office and Video Display Terminal Work**

#### **Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program to develop work organization interventions to prevent musculoskeletal disorders in office and video display terminal (VDT) workers. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

#### **Authority**

This program is authorized under sections 20 (a) and 22(e)(7) of the Occupational Safety and Health Act (29 U.S.C. 669(a) and 671(e)(7)).

#### **Smoke-Free Workplace**

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

#### **Eligible Applicants**

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-, and/or women-owned businesses are eligible to apply.

#### **Availability of Funds**

Approximately \$140,000 is available in FY 1995 to fund one award. It is expected that the award will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of one to two years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### **Purpose**

The purpose of this cooperative agreement is to utilize the special resources of the extramural research community to conduct studies, in cooperation with CDC/NIOSH, to demonstrate the effectiveness of work organization interventions in reducing work-related musculoskeletal disorders (WRMD), and in improving productivity, among VDT workers. The funded project will focus on worksite primary prevention efforts, replicating and extending the CDC/NIOSH interventions. This could include: (a) Replication/validation of CDC/NIOSH findings on work-rest schedules and task rotation, (b) extension of these interventions to other types of VDT and office tasks, and (c) examination of other types of work organization interventions.

Prior studies have indicated that some types of VDT jobs may pose higher risk for stress and WRMDs, particularly jobs involving highly repetitive and narrow tasks (e.g., data entry or teleoperator tasks). Such jobs are of particular

interest for this project. Both physical and psychological symptoms will be evaluated. Project results, in combination with NIOSH findings, will provide the basis for recommendations regarding effective work organization strategies for reducing WRMDs, and improving performance in repetitive VDT work. Project results will also improve our understanding of mechanisms mediating between work organization variables and musculoskeletal disorders in VDT work.

#### **Program Requirements**

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities) and CDC/NIOSH will be responsible for activities under B. (CDC/NIOSH Activities).

##### **A. Recipient Activities**

1. Identify suitable study site(s); i.e., with large, stable populations of workers performing repetitive VDT work. Secure cooperation of management and labor representatives at the site(s) to participate in an intervention study.

2. Develop a study protocol that reviews the pertinent literature on VDT-related musculoskeletal disorders and work organization, describes the study methodology, the data to be collected, and the proposed analysis of the data. Present the protocol to a panel of peer reviewers and revise the protocol as required for final approval.

3. Prepare necessary documentation for reviews and/or clearances required by PHS/CDC/NIOSH.

4. Perform data collection and management. Data is to include measures of worker symptomatology and performance and can additionally include records data on factors such as absenteeism, health care utilization, etc. Symptomatology can include musculoskeletal discomfort, upper extremity musculoskeletal disorders, and indicators of negative mental health (e.g., depression, anxiety, tension). Performance indicators can include measures such as keystrokes/hour, forms/hour, and errors.

5. Prepare a final report summarizing the study methodology, results obtained, and conclusions reached. Develop recommendations regarding effective work organization interventions to reduce stress, fatigue, and WRMDs among VDT workers.

6. Report study results to the scientific community via presentations at professional conferences and articles in peer-reviewed journals.

### *B. CDC/NIOSH Activities*

1. Provide scientific, epidemiologic, work organization, ergonomic, and medical collaboration for the successful completion of this project.

2. Identify reviews and/or clearances that must be fulfilled by the recipient, and identify and convene a Peer Review Panel to review draft study protocol.

3. Provide assistance in all stages of the study including study design, survey instrument design, the collection, tabulation, and analysis of data, interpretation of the results and preparation of the written reports.

4. Provide instrumentation and resources to investigate physiological mechanisms in VDT WRMDs.

### **Evaluation Criteria**

The application will be reviewed and evaluated according to the following criteria:

#### **1. Understanding of the Problem (25%)**

Responsiveness to the objective of the cooperative agreement including: (a) Applicant's understanding of the general objectives of the proposed cooperative agreement, and (b) evidence of ability to understand the problem and to conceive/design effective interventions.

#### **2. Program Personnel (30%)**

(a) Applicant's technical experience (e.g., in the areas of work organization, WRMDs and office and VDT ergonomics); (b) the qualifications (e.g., in the areas of industrial engineering, psychology and occupational safety and health) and time allocation of the professional staff to be assigned to this project, and (c) the applicant's ability to describe the approach to be used in carrying out the responsibilities of the applicant in this project.

#### **3. Study Design (20%)**

Steps proposed in planning and implementing this project and the respective responsibilities of the applicant for carrying out those steps. Also, the adequacy of the applicant's evidence of access to study populations.

#### **4. Project Planning (15%)**

The applicant's schedule proposed for accomplishing the activities to be carried out in this project and for evaluating the accomplishments.

#### **5. Facilities and Resources (10%)**

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

#### **6. Budget Justification (not scored)**

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

### **Executive Order 12372 Review**

This program is not subject to the Executive Order 12372 review.

### **Public Health System Reporting Requirements**

This program is not subject to the Public Health System Reporting Requirements.

### **Catalog of Federal Domestic Assistance Number**

The Catalog of Federal Domestic Assistance number for this project is 93.283.

### **Other Requirements**

#### *Paperwork Reduction Act*

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

#### *Human Subjects*

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

### **Application Submission and Deadline**

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE.,

Room 300, Atlanta, GA 30305, on or before June 30, 1995.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

### **Where To Obtain Additional Information**

A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6546.

Programmatic technical assistance may be obtained from Naomi G. Swanson, Ph.D., Chief, Motivation and Stress Research Section, Applied Psychology and Ergonomics Branch, Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop C-24, 4676 Columbia Parkway, Cincinnati, OH 45226-1998, telephone (513) 533-8291, FAX (513) 533-8510.

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Dated: May 23, 1995.

**Diane D. Porter,**

*Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).*

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**Advisory Committee to the Director, Centers for Disease Control and Prevention; Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

*Name:* Advisory Committee to the Director, CDC.

*Time and Date:* 8:30 a.m.-3 p.m., June 23, 1995.

*Place:* CDC, Auditorium A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available.

*Purpose:* This committee advises the Director, CDC, on policy issues and broad strategies that will enable CDC, the Nation's prevention agency, to fulfill its mission of promoting health and quality of life by preventing and controlling disease, injury, and disability. The committee recommends ways to incorporate prevention activities more fully into health care. It also provides guidance to help CDC work more effectively with its various constituents, in both the private and public sectors, to make prevention a practical reality.

*Matters To Be Discussed:* The agenda will include updates from CDC Director, David Satcher, M.D., Ph.D., followed by committee discussion on CDC's evolving relationship with managed care and major challenges to public health science and to CDC programs.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Martha F. Katz, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, Mailstop D-23, Atlanta, Georgia 30333, telephone 404/639-3243.

Dated: May 23, 1995.

**Carolyn J. Russell,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 95-13122 Filed 5-26-95; 8:45 am]

BILLING CODE 4163-18-M

**Advisory Committee for Injury Prevention and Control: Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following committee meeting.

*Name:* Advisory Committee for Injury Prevention and Control (ACIPC).

*Times and Dates:* 1 p.m.-4 p.m., July 10, 1995; 8:30 a.m.-3:15 p.m., July 11, 1995.

*Place:* Atlanta Airport Hilton and Towers, 1031 Virginia Avenue, Atlanta, Georgia 30354.

*Status:* Closed 1 p.m.-4 p.m., July 10, and 8:30 a.m.-9 a.m., July 11; Open 9 a.m.-3:15 p.m., July 11.

*Purpose:* The committee will continue to make recommendations on policy, strategy, objectives, and priorities including the balance and mix of intramural and extramural research; advise on the implementation of a national plan for injury prevention and control, the development of new technologies and their application; and review progress toward injury prevention and control.

**Matters to be Discussed**

The meeting will convene in closed session from 1 p.m. to 4 p.m. on July 10, 1995. The purpose of this closed session is for the Science and Program Review Work Group to consider injury control research grant applications recommended for further consideration by CDC's Injury Research Grant Review Committee. On July 11, 1995, from 8:30 a.m. to 9 a.m., the meeting will convene in closed session in order for the full committee to vote on a funding recommendation. These portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6) title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant Pub. L. 92-463. Following the closed sessions, the committee will discuss (1) an update from the Director, National Center for Injury Prevention and Control (NCIPC), (2) updates on injury issues from other Federal agencies, (3) overview of the Consumer Product Safety Commission, (4) issues in traumatic brain injury, and (5) a report from the ad hoc work group.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Mr. Tom Bartenfeld, Acting Executive Secretary, ACIPC, NCIPC, Mailstop K-60, CDC, 4770 Buford Highway, NE, Atlanta, Georgia 30341-3724, telephone 404/488-4690.

Dated: May 23, 1995.

**Carolyn J. Russell,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 95-13170 Filed 5-26-95; 8:45 am]

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**Savannah River Site Environmental Dose Reconstruction Project: Public Meetings**

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC), the Agency for Toxic Substances and Disease Registry (ATSDR), and the Radiological

Assessments Corporation announce the following meetings.

*Name:* Savannah River Site Environmental Dose Reconstruction Project.

*Date:* Tuesday, June 27, 1995—Wednesday, June 28, 1995

*Time:* 7 p.m.-9 p.m.—7 p.m.-9 p.m.

*Place:* Holiday Inn Coliseum at the University of South Carolina, 630 Assembly Street, Columbia, South Carolina 29201—Radisson Riverfront Augusta Hotel, Two Tenth Street, Augusta, Georgia 30901.

*Date:* Thursday, June 29, 1995

*Time:* 7 p.m.-9 p.m.

*Place:* Savannah DeSoto Hilton, 15 East Liberty Street, Savannah, Georgia 31401

*Status:* Open to the public for observation and comment, limited only by the space available. Seating space for 50 individuals will be available at each meeting.

*Background:* Under a Memorandum of Understanding (MOU) signed in December 1990 with the Department of Energy (DOE), the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, an MOU was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

Community involvement is a critical part of the HHS energy-related research and activities. With an environmental dose reconstruction for DOE's Savannah River Site (SRS) near Augusta, Georgia, as well as a worker study at the same site, the availability of a formal site-specific advisory committee composed of citizens of the communities surrounding the DOE sites is necessary to provide consensus advice regarding these projects. On December 1, 1994, the "Citizens Advisory Committee on Public Health Service Activities and Research at DOE Sites" was chartered. This charter is in response to the requests by representatives of the communities surrounding DOE sites to provide consensus advice and recommendations on community concerns related to CDC's and ATSDR's activities related to the sites. Committee members will be representatives of the concerned and affected community, Native American Tribes,